FEC FORM 1

Type or Print Name of Treasurer

Signature of Treasurer

Only

2016 - 00 - 12 - 0M - 000098780

STATEMENT OF ORGANIZATION

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NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. 16HIGO DEMOCRATS ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE FEC IDENTIFICATION NUMBER > NEW (N) IS THIS STATEMENT OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Date

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Office Use		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 06/2012)	į			

Local 202-694-1100

	F	EC Fo	rm 1 (Revised 02/2009) Page 2				
5.	TYPE	OF C	OMMITTEE				
	Candidate Committee:						
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name Candi						
	Candi Party	idate Affiliati	Office State on Sought: House Senate President District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candi						
	Part	y Con	nmittee:				
	(d)	X	This committee is a (National, State or subordinate) committee of the (Democratic) Republican, etc.) Party.				
	Polit	ical A	ction Committee (PAC):				
	(e) -	and the same	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a				
		Wang.	Corporation Corporation w/o Capital Stock Labor Organization				
			Georgia Georgia				
			Membership Organization Trade Association Cooperative				
		g/dow) e	In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
			In addition, this committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
,	Joint	t Fund	Iraising Representative:				
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
((h) .		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
		Kapaci					
		Com	mittees Participating in Joint Fundraiser				
		1.	FEC ID number				
	•	<u>_</u> _2.	FEC ID number				
	•	3.					
		.4.					
			Construction of the Constr				

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FEO Saves 4 (Davisad	00(0000)	D 2				
FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name						
) remo cirats					
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
(CHERO) DIRM	ioparalls 1-1 BEADE Governmen	<u>ellilililili</u>				
[1496071	_13					
Mailing Address	AO BOX 482M					
	1940160111111111111111111111111111111111	CA 195527-14924				
***	CITY	STATE ZIP CODE				
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising	g Representative Leadership PAC Sponso				
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and positi	tion of the person in possession of committee				
Full Name						
Mailing Address						
Title or Position	CITY	STATE ZIP CODE				
 	Telephone num	mber				
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the name and address of				
Full Name of Treasurer	HARL MAGIRALS					
Mailing Address	16385 BUDTH BIT					
	L					
	CITY	STATE ZIP CODE				
Title or Position Title, XSCIDUTE		1000 1 1700 17006				

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CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

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WAShington, DC 20468

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FEC MAIL

Cours Dengeral Second 100 121-Po, Box 4927 Cource, CA 95527-4924

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Nex	t Business Day Delivery				
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